

Physical and Mental **Health-Related Quality of Life** among Cancer Survivors



An individual is considered a cancer survivor from the time of diagnosis until the end of their life. Of the more than 1 million adult cancer survivors in New York State (NYS), many experience physical and/or mental effects of cancer and its treatment such as fatigue, pain, musculoskeletal issues, stress, anxiety, and depression. These effects can negatively impact cancer survivors' health-related quality of life (HRQOL), resulting in decreased survival and poor cancer-related outcomes.²

- In NYS, cancer survivors report frequent physical distress at a significantly higher rate (26.3%) than those never diagnosed with cancer (10.0%), but rates of frequent mental distress among cancer survivors (15.4%) are similar to those never diagnosed with cancer (11.1%).
- Cancer survivors also report limitations in doing usual activities (e.g. self-care, work, or recreation) due to poor physical or mental health at a significantly higher rate (28.4%) than those never diagnosed with cancer (13.7%).

Healthcare providers are well-positioned to help cancer survivors manage treatment effects and adopt or maintain a healthy lifestyle to optimize their physical and mental HRQOL. Guidelines from the National Comprehensive Cancer Network and American Society of Clinical Oncology describe how to regularly assess cancer survivors for distress using validated tools. If distress is identified, resources and interventions should be readily available to improve HRQOL, such as integrating psychosocial services into cancer care or making referrals to physical activity classes to alleviate physical symptoms.^{3,4}

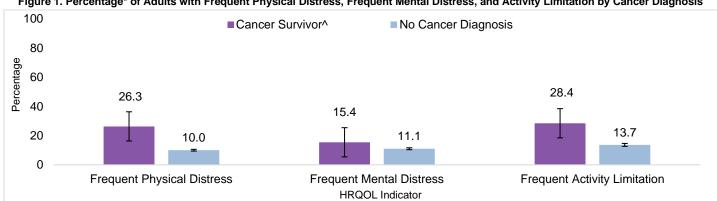


Figure 1. Percentage* of Adults with Frequent Physical Distress, Frequent Mental Distress, and Activity Limitation by Cancer Diagnosis

Data Source: NYS Behavioral Risk Factor Surveillance System 2018

Public Health Opportunity

A coordinated approach is needed, including strategies outlined in the NYS Comprehensive Cancer Control Plan, such as:

- Promote evidence-based, cancer survivorship self-management programs to help survivors address their physical and social-emotional health needs.
- Use cancer rehabilitation to reduce symptoms, regain function, maximize independence, and improve quality of life.
- Integrate evidence-based psychosocial services into standard care for cancer survivors and expand access to mental
- Complete the GW Cancer Center's Cancer Survivorship E-Learning Series for Primary Care Providers.

For more information, please send an e-mail to BCDER@health.ny.gov with IFA #2021-07 in the subject line. To access other Information for Action reports, visit the NYSDOH public website: http://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/index.htm

¹New York State Comprehensive Cancer Control Plan. Accessed at ht 2Sittlinger, A., & Zafar, S. Y. (2018). Health-Related Quality of Life: The Impact on Morbidity and Mortality. Surgical oncology clinics of North America, 27(4), 675–684. Accessed at

^{*}Percentages are age-adjusted to the US 2000 standard population; Due to the nature of the BRFSS survey methodology, a cause-and-effect relationship between a cancer diagnosis and frequent physical distress, frequent mental distress, or frequent activity limitation cannot be determined.

[^]Cancer survivors are those 18 years of age and older who have ever been diagnosed with a cancer other than skin cancer.

Frequent physical distress is defined as reported poor physical health on at least 14 of the previous 30 days.

Frequent mental distress is defined as reported problems with stress, depression, or emotions on at least 14 of the previous 30 days.

Astional Comprehensive Cancer Network Clinical Practice Guidelines in Oncology: Survivorship Version 2.2019. Accessed at https://incen.org/view/journals/incen/17/7/article-p784.xml

American Society of Clinical Oncology: Screening, Assessment, and Care of Anxiety and Depressive Symptoms in Adults with Cancer. Accessed at https://ascopubs.org/doi/full/10.1200/jco.2013.52.4611